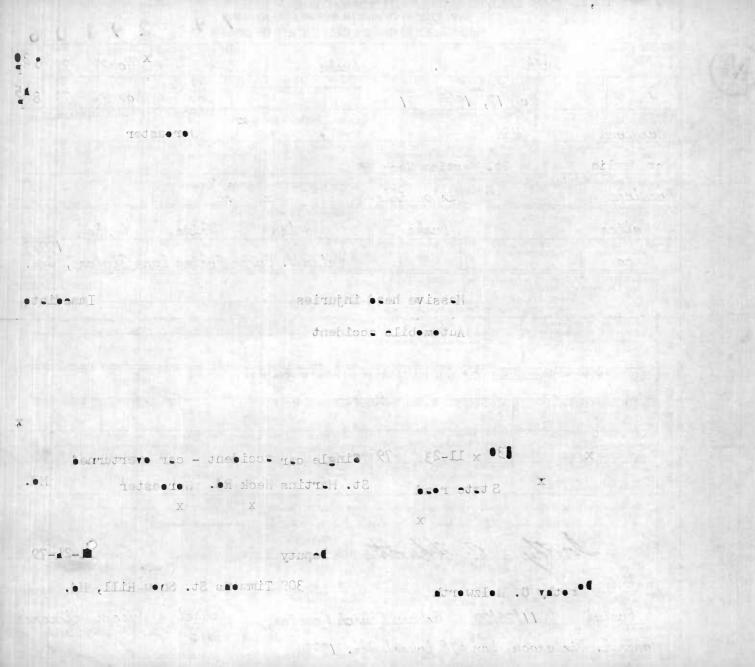
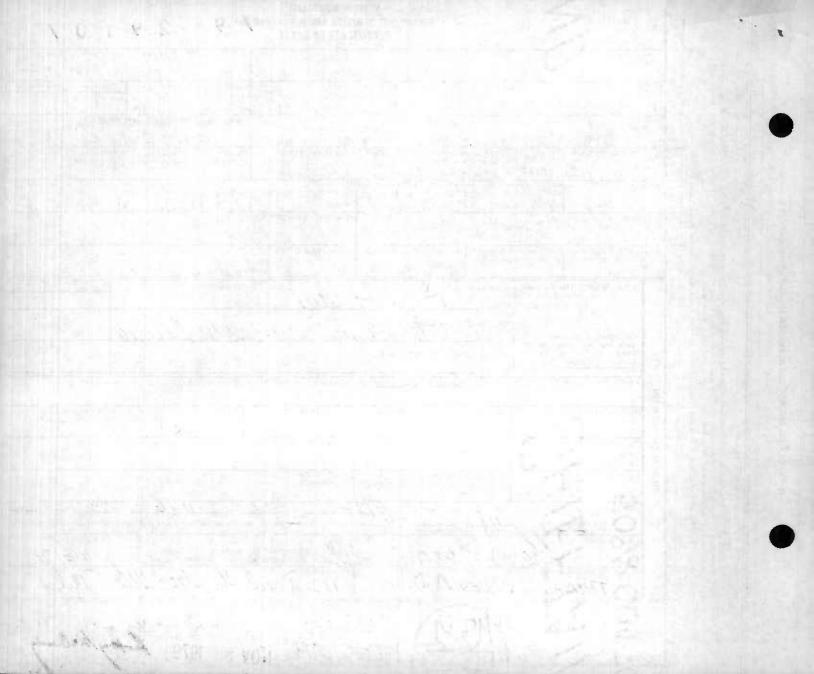
		FOR								
	1 -	STATE REGISTRAR		MED	ICAL EXAMIN	ER'S CERTIFICATE OF	DEATH REC	3. NO. 9	10	6
		CEASED NAME E OR PRINT)	FIRST		V.	Burke.	20. DATE KNOW OF ESTI- DEATH MATER	X Al .	DAY YEAR 23 1979	26. HOUR 8 3
AS X	3. SEX	F RAC	MON	TE OF BIRTH	year 6. AGE (IN YEAR LAST BIRTHDA YEAR 17 YEAR 18 YEAR 19 YEAR	MONTHS DAYS HOURS	4 HRS. 2c. DATE MIN. PRONOUNCED DEAD	Nov 2	DAY YEAR 23 1979	8 4.5 N
NEW 35	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CI	ISA	AT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		or count	Y OF DEATH	MD
301 K. 301 K.		r Berlin		NOT IN SUCH FACE	ITAL, NURSING HOME, LLITY, GIVE STREET ADDRESS) rtins Neck		20 USUAL OCCUPATION FOR MOST OF WORKING LIFE		OR INDUS	JSINESS RY
FCORD 4	13a S	TATE LY LAND	RSING HOME OR OTHER		ERESIDENCE BEFORE ADMISSION DISCOUNTS OF TOWN	13d. INSIDE CITY LIMITS?	3e. STREET ADDRESS			
230	14. FA	Walter	MIDDL	LE	Burke.	15. MOTHER'S MAIDEN HELEN	White.	Bur	ke.	
1	16a. V	VAS DECEASED EVER ES, NO, OR UNKNOWN) NO	IN U.S. ARMED FO	DRCES? DATES)	16b. SOCIAL SECURITY		rke Easter L	Lane. Sea	Land,	1973 Del.
		18. CAUSE OF DEAT	TH (Enter only one o	cause per line f	or (a), (b), and (c).)				APPROXIMA BETWEEN ONS	EINTERVAL
2		PARTI DEATH W	AS CAUSED BY:	JSE (a)	Vacaire hea	d injuries			Immad	ata
AL HYGIEN OVAL.	7	8169 Conditions, if	any, which	DUE TO, OR A	Massivo hea	DF.			Immed	ate
OR REMOVAL.	7	8169	any, which immediate g the under-	DUE TO, OR A		accident			Imme d	ate
ON, OR	7	Conditions, if gave rise to cause (a) stating lying cause last	any, which immediate g the <u>under</u>	(b) DUE TO, OR A	AS A CONSEQUENCE C	accident	Ι (σ).		Immed	ate
ON, OR	IFICATION	Conditions, if gave rise to cause (a) stating lying cause last	IMMEDIATE CAU any, which immediate g the <u>under</u>	(b) DUE TO, OR A	AS A CONSEQUENCE C	accident	Ι (σ).		2D. AUTOPS	?
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NT OF HEALTH AND MI JRIAL, CREMATION, OR	MEDICAL CERTIFICATION	Conditions, if gove rise to couse (o) stating lying couse lost. PART 2 OTHER SIGNIFICAN 190. DATE OF OPER. 210. EXTERNAL CAU UNDERLYING CONTRIBUTING TO CONTRIBUTING TO THE CONTRIBUTION TO THE CONTRIBUTIO	IMMEDIATE CAU any, which immediate g the under IT CONDITIONS CONTRIBUTIONS SE WAS OR CAUSE OF DEATH	DUE TO, OR A (b) DUE TO, OR A (c) UTING TO DEATH SE 19b. CONDITI	AS A CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONTROL RELATED TO THE TERMINON FOR WHICH OPERATIONAL CONTROL OF THE TERMINON FOR THE THE TERMINON FOR THE TERMINON FOR THE TERMINON FOR THE TERMINON F	NAL DISEASE OR CONDITION GIVEN IN PART ATION WAS PERFORMED? 21c. HOW INJURY OCCURRED 21c. LOCATION STREET	CITY OR TOWN	EM 18 PART I OR PAR COU	2D. AUTOPS' YES TT2)	?
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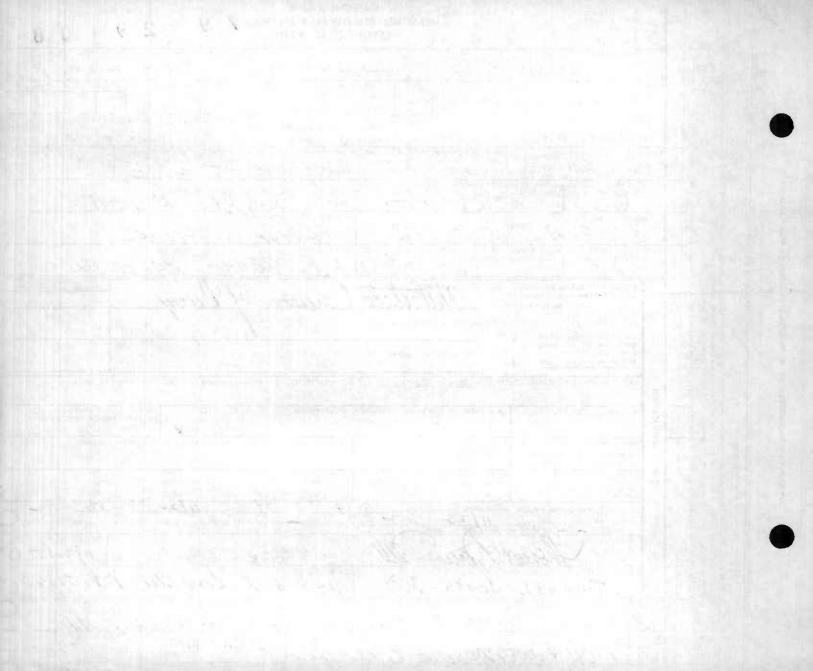


	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	HYGIENE 9	29108
: (M)		CEASED NAME FIRST GADY	S G.	GREEN	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 15 PA
of.	3. SE)	FEMALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR A (19. 21 02	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR IF UNDER 24 HRS
death. Page uneral direct hin 72 hours at ance.	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) 4/BANY, N.Y.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY C	DR COUNTY OF DEATH WORCESTER ME
by the furtiled with		TY OR TOWN OF DEATH NOW, Hill MD	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, HARRISCA HO	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126. KIND OF BUSINESS OR
24 hou filled in ould be	13a S	MA COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE UTY UNR 13c. CITY OR TOW O, CIT	YES NO NO	1881 1	Bux 311
omplete ond 2		505EPH	WHEEKEK	BERST HILL	A SELL	ARS LASI
be executed on and camp s. Pages 1 or e medical ex		VAS DECEASED EVER IN U.S. AR les, no oruninown) IIF yes, give	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 214-22-	8081 K.F. H	ECK - B	92 TO, MD
, that the death certificate d by the attending physicalease remanaple ids, cremation, or remanal ar ather traumatic event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	D BY: E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)		of Dedrey	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires signe Then p to buri	NO	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
the low re ion. hos been it permit. consony ions only in the prior ions only ions on	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\
G PHYSICIAN: The optending physicial physicial cert this certificate to the buriol-transit suffered by the physician of the p	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CAUSE OF DEA OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
Z = 0 = 0	MED	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		CITY OR TOV	NN COUNTY STATE
ATTENDI spital ar CTOR: A far use of Heal		saw the deceased alive on	tal) attended the deceased from 19	9-14 19 7 79 and that in (my) (opini	an death occurred an the d	, 19 77 , that (1) (me) lost are and hour and from the causes stated
PITAL OR , by the ha by the ha leral DIRE detached detached ANT. If hen		22b. SIGNATUN	ext fra 1		MEDICAL STA	FF 11/24/79
retained by the Standard Stand		22d PHYSICIAN'S NAME (TYPE OF		D. 117 Prail	Sl. Show A	ell. Md. 21863

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10 C+		1 -	FOR STATE	DEP		EALTH AND MENT		NET 9	20	1 0 0
bo			REGISTRAR		CERTIF	ICATE OF DEAT	IH	REG. NO	2	0 9
			CEASED NAME FIRST	MIDDLE	11	AST	2	. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR.
1			Lau		e He	nxy		/	6-11-1	9 3-AN
	3	3. SEX	E	4 RACE	5 DATE C		100	AGE (IN YEARS LAST BIRTI	MONTHS	DAYS HOURS MIN
_ Am			T	136	2	7 8	54	90	YRS.	
	5	N	RTHPLACE (STATE OR FOREIGN DUNTRY)	TO CITIZEN OF WHAT COUN	WIDOWE		CED [War ch	ester	MD
by the filed with	0	5/	waw 4 ill	11. NAME OF HOSPITAL, NU /IF NOT IN SUCH FACILITY, GIVE:	STREET ADDRESS)			O USUAL OCCUPATE TYPE OF WORK FOR MOST OF LOCOLON		KIND OF BUSINESS OR USTRY
24 hou 24 hou suld be must be			AL RESIDENCE (IF NURSING HOME OF			13d. INSIDE CITY LI	_	STREET ADDRESS	roads	Rive,
RYLAI within letely d 2 sho		14. FA	THER'S NAME	MDDU Just		15 MOTHER'S MA	IDEN NAME	MIDDLE	1	AAST.
W P du Of	32		James	J. 460	red	A	lette	e V	asset	1
MORE, n and con Pages 1	1		VAS DECEASED EVER IN U.S. AR (IF YES, GIV	RMED FORCES? 166. SOCIAL 219-3	SECURITY NO. 36-7318	Caldan	in) 1/e	ughes 20	55 Bester	in gel
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ON S h ce h ce r corbo			2502	DUE TO, OR AS A CONS	EQUACEA	no M.	1			
death ce death ce atlan, or a			Conditions, if any, which gave rise to immediate	(b) AU	elell	Medille	21			
the em			cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF				9-1-1-1	
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been mit. Il prior t	\exists	CERTIFICATION	19a, DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	D	20a AUTOPSY?	206. IF YES, WERE	FINDINGS USED
TALRE lay The lay ician.	2	IFIC						YES NODE	IN CERTIFYING C	AUSES OF DEATH?
4 50 -00	A	CERT	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY	OCCURRED	(ENTER NATURE OF INJUR		
0 0 1 1 1 1			OR CONTRIBUTING CAUSE OF DE		DAY YEAR	DY-772				
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DIVIS ING PI After the as the Ith and Indeed		Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OF	FFICE, FARM, ETC.)	JINEE		·		STATE
a de A			220.1 certify that (I) (this heap	44 / 40	70	, 19		, to	17 19 7	2., that (1) (we) lost
RECTOR: A RECTOR: A red for use ipt. of Hea				t) view the busy after death.	-) Opinion dec	oth occurred on the do	ite and hour and fro	am the causes stated
OR e ho			27h SIGNATURE	unil hu	(n///	DEGREE	NDING .	MEDICAL STAF	721	DATE SIGNED
		O	Such	Was picto	IUU	PHYS		DIRECTOR PHYSIC		1/7/19
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0 a 0 4 M		23a. B	JURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF C	EMETERY OR CREM	AATORY	234 LOCATION	COUNTY	STATE
		1	Bureal	11-24-79	Every	reen	1.3.3%	Berlin	alvor	G. mel
DHMH-16 60M 1/73 (VR A 15 (4))		24(F)	Werd Memory	il chapel ADDRE	Salish	ury, me.	"NOV	2 9 1979	736 HEGISTRAR'S S	Walker !

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REGISTAR REG	.1.	١,	FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	VENE 9 2	9110
SEX RACE RACE S. DATE OF BRITH S. AGE (INVERSIDAT BRITHON) S. WEST MARKED S. WES	4	1. DE	REGISTRAR CEASED NAME FIRST		CERTIFICATE OF DEATH	REG. NO.	VIH DAY YEAR 26 HOUR
The property of the property o	Right .	{TYPE	1 1000	JEREMIAH	Johnson	11	-17-79 1300PM
TO DEPOSE OF THE PROPERTY OF COUNTY OF DEATH OF DEPOSE OF THE PROPERTY OF THE		3 SE	MALE	BLACK		1-1	MONTHS DAYS HOURS MIN
THE PRINCE OF TH	72 hou		DUNTRY]	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR CO	OUNTY OF DEATH
13. STATE IN PROJUCT IN STATE	the fone diffied of	10-5	1 +101111010	11. NAME OF HOSPITAL, NURSIN			(1-1)
14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME	pe je	USU	AL RESIDENCE (IF NURSING HOME OF	DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		Dysterma	in SELT-employ
THAT WORLD IN THE RESIDENCE OF THE PROPERTY OF	y filled should should	1	No Wax		YES NO	216 WASh	nington Street
(YES, NO DEJUNNOWN) (IN YES, NO DEJUNNOWN)	0 0 E	19. 64		MIDDLE WHOSO	n Nettie		HAYWARD
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO PART 3. DEATH WAS CAUSED BY: (d) DUE TO, OR AS A CONSEQUENCE OF CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO PART 3. DEATH WAS CAUSED BY: (d) PART 3. DEATH WAS CAUSED BY: (d) PART 3. DEATH WAS CAUSED BY: (e) DUE TO, OR AS A CONSEQUENCE OF CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO PART 4. DEATH WAS CAUSED BY: (d) PART 3. DEATH WAS CAUSED BY: (e) PART 4. DEATH WAS CAUSED BY: (d) PART 5. DEATH WAS CAUSED BY: (d) PART 5. DEATH WAS CAUSED BY: (d) PART 6. OR ON THIRBUTING TO COUNTY (e) PART 7. DEATH WAS CAUSED BY: (d) PART 9. OR ON THIRBUTING TO COUNTY (e) PART 1. DEATH WAS CAUSED BY: (d) PART 1. DEATH WAS CAUSED BY: (e) PART 1. DEATH WAS CAUSED BY: (d) PART 9. OR ON THIRBUTING TO COUNTY (e) PART 9. OR ON THIRBUTING TO COUNTY (e) PART 1. DEATH WAS CAUSED BY: (d) PART 9. OR ON THIRBUTING TO COUNTY (e) PART 1. DEATH WAS CAUSED BY: (d) PART 1. DEATH WAS CAUSED BY: (e) PART 1. DEATH WAS CAUSED BY: (d) PART 9. OR ON THIRBUTING TO COUNTY WAS PERFORMED (e) PART 9. OR ON THIRBUTING TO COUNTY WAS PERFORMED (e) PART 1. DEATH WAS CAUSED BY: (d) PART 9. OR ON THIRBUTING TO COUNTY WAS PERFORMED (e) PART 1. DEATH WAS CAUSED BY: (d) PART 1. DEATH WAS CAUSED BY: (d) PART 9. OR ON THIRBUTING TO COUNTY WAS PERFORMED (e) PART 9. OR ON THIRBUTING TO COUNTY WAS PERFORMED (e) P	Poges		ES, NO OR UNKNOWN) (IF YES, GI		17. INFORMANT 19288 NETTE B. J	,	e # 13e
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WASPERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF INCERTIFYING CAUSES OF INCERTIFY OF	ed by the offending blease remove corbs rial, cremation, or r or other traumotic		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF CLEROSII		1 a yrs
OCONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove, ID (The Idid) New Year 22b. SIGNATURE DEGREE 22c. DATE SIG	in Thin Thin Thin Thin Thin Thin Thin Th	IFICATION	cvn 1978+	DIADERS + O	old m.I. + BR	200 AUTOPSY? 201	LV7E) B. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH?
WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (I) (this hospital) attended the deceased from 19 / 9 , and that in (my) opinion death occurred on the date and hour and from the colored. (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	rriticate bol-transit mol Hygie em 18 sho		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR		
sow the deceased alive on NOV 1 on that in (my) opinion death occurred on the date and hour and from the couple of E 22s. SIGNATURE 22s. SIGNATURE 22s. SIGNATURE 22s. SIGNATURE	s the buring ond Meriked or the	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
DEGREE 226. SIGNATURE 220. DATE SIGNATURE		1	sow the deceased alive or	Nov 17 19	70	. 10	nond hour and from the causes stated
ROBERT C. LA MAR. M.D. 104 Bey St Snow Hill, Md.	0 0 0 0		226. SIGNATURE BUILD	for men	AUD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Nov. 20, 197
1 0 0 F 1 5	O FUNE outh the S APORTAI					St Snow Hi	11, Md.
(SPECIFIC)		23a. E	CURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION PITY ORTOWN RICHARD LETRE	F- WORCESTER MI
	1-16 50M 7/77	24 FI	NAME A .	ADDRESS.			

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- /	10		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
-6		1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEGA. 9	112
	6	1. DE	CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 25. HOUR
	3 (14)	(III)	Robert E. Musgrave, DEATH MATED 11-	25 1979 1:30M
	PE 0	3. SEX	MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 2d. HOUR
	CESSARY, VERAL DI FOR YOU VITHIN 72 PRESTON	19	The White 4-23-23 56 yrs. DEAD /-23 RIHPLACE (STATE OR TO EIT (ZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTY)	1979 2 M
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14	THE FURD,	10 CI	75.506.118.56.113.1	7b. KIND OF BUSINESS
	DELAY 3 TO THIN PAC 105, 30	5	7102 7171	OR INDUSTRY
	- × 4 - 6	13076	L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ATE 136. COUNTY 136. CITY OR TOWN 1 136. INSIDE (ITY LIMITS? 130. STREET ADDRESS	
	2, AND 2, AND 3, RET, SHOUIN		ATHER'S NAME 15. MOTHER'S MAIDEN NAME	
	PE, MD. DEATH. GES 1, MA PM AND 2 OF VITA	14.17	FIRST MIDDLE LAST FRST MIDDLE	rnes
	MORE, TER DE FORM SS 1 AN ON OF		VAS DECEASED EVER HTU.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 15.NO/OR UNKNOWN) (16 YES, GIVE WAR OR DATEST)	11163
	BALTIMG IRS AFTE WITH FO PAGES DIVISION		Yes WWI 027146330 Margaret B. Musgrave	Snow Hilly
	ST., BAL: HOURS A 18. GN AG WITH MIT. PAC		18. CAUSE OF DEATH (Enter only one couse per fine far (o), (b), and (c). PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ON 24 ITEA		IMMEDIATE CAUSE (a) CONSEQUENCE OF A CONSEQUENCE OF	
	W. PRESTON D WITHIN 24 ENCIL IN ITE AMINER ALO AMINER ALO ENTAL HYGIE REMOVAL.		Conditions, if ony, which gave rise to immediate (b) Confluence (b) Confluence (b)	
	ED W. PENC.	77	cause (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF	
	EXECUTED WITHIN NG" IN PERSTING IN PENCIL IN NG" IN PENCIL IN NG" IN PENCIL IN A BURIAL TRANSIT A NO MENCAL IN NO MEMON, OR REMOVAL		(c)	
	S SSALE	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).	
	AL RECO	CATIC	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	28. AUTOPSY?
	OF VITAL ATE SHOU THE CHIE LD BE USI AENT OF I	CERTIFICATION		YES NO R
	CATE WHE WOULD THE NOULD THE OBU		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR COURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART	2)
	DIVISION S CERTIFIC RITING THE RDED TO FE 3 SHOUL FE DEPARTA I PRIOR TO	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
	BIVISION OF VITX E. WRITING THE WORE RWARDED TO THE CF RWARDED TO THE CF RWARDED TO THE CF STATE DEPARMENT OF STATE DEPARMENT OF 21201 PRIOR TO BURIAL	×	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY OF TOWN	ITY STATE
	> a	-9	22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection Inquiry . ond in my opin	nion
	EXAMINER. CERTIFICATI UID BE FOI DIRECTOR: WITH THE ARYLAND, 2		deoth resulted from: Natural cluses . , , , , , , , , , , , , Suicide . , Homicide , Undetermined monner . ,	
	EXANDULD DIRE		ACTUAL TITLE (SPECIFY)	11/11/79
	BICAL SHC SHC SHC SHC SHC SHC SHC SHC SHC		SIGNATURE M.D. MEDICAL EXAMINER SIGNED	Melle
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNEAL DIRECTOR: AFTER DESTAY WITH THE BALTIMORE, MARYLAND, 2	100	(TYPE OR PRINT) THOMAS L. DENES, M.D. ADDRESS 112 PLENTY, SWED WILL, Y	W.
		23a.B	JRIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMATORY 23d. LOCATION CHYOR TOWN 21/1/1	STATE
	BP	24. FI	JULY 1 Sence Daptis India Trill John Strans Sun Date Rec'd. By REGISTRAN 256. REC'STRANS SU	NATURE
	(VR A15 ME(5)) 15M 7/77	1	Orman F. Dennis. Snow Hill Me DECO 3 1979 Listary	Ca Cready
)	-

Massachusette 458 et 28 et Some son that the state of the son the state of the son New and general terms of the second s George Missess of More I Barbar Yes I will be a carperage Westerland Bullings are some will THE THOR IS A STREET OF THE WAY OF THE STREET OF THE STREET Marin and Demonstrate and State of the Part of

13		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 9 1 3								
(M)	{TYF	CEASED NAM	AUE		F.	PL	EBOUTKA EOUTKA	7 OF DEATH	ESTI- MATED	// // 1	9 79 730 9 79 730 9 79 730
AARY FOLL ON		lale	White	Feb. 11,	1928 S	YEARS IF UN MONTH YRS.		MIN. PRONOU!	NCED D	11 11	19 79 12 5M
NECESS FUNERA 5 FOR WITHIN	I N	RTHPLACE (SPEIGN COUNTRY)	d	U.S.A.		WIDOW		CED T		ESTER	MD
DELAY IS TO THE N PAGE BE FILED		Ocean	City	11100	PITAL, NURSING HO/ CHITY, GIVE STREET ADDRESS COASTAL I	lighwa	Y Y	Director	Publica	ation OR	D OF BUSINESS INDUSTRY NCR
F ANY E SHOULD S	13a. S M a	ryland	Worce		VE RESIDENCE BEFORE ADMIS 13t CITY OR TOWN OCEAN CI	ty.	13d. INSIDE CITY LIMITS? YES NO	s illood	Sastal I	Highway	
DEATH. DEATH. AND 2 AND 2		Anthon	У	J.	Perout		Joseph		MIDDLE	Hejl	
BALTIMOS URS AFTER S. GIVE PAC WITH FOR		VAS DECEASE ES, NO, OR UNKNO Yes		MED FORCES? WAR OR DATES! rean	16b. SOCIAL SECUR 215-22-2		Miss Anna	louise Per			el Lane hio 45409
. 0		18. CAUSE C	EATH WAS CAUSE	TE CAUSE (o)	for (o), (b)	you	eliel Sh	faction		APPIBETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
UTED WITHIN 24 HC IN PENCIL IN ITEM EXAMINER ALONG RAL-TRANST PERM NACT HYGIENE OR REMOVAL.		gave r	ns, if ony, which ise to immediate) stating the <u>under-</u> use last.	(b)(AS A CONSEQUENCE	Whe of	Ceulos	Exercise)	Geren	2	
L RECORDS, 3 ULD BE EXEC "PENDING" EF MEDICAL SED AS A BU HEALTH ANG CREMATION,	NOI	PART 2 DIHER S	IGNIFICANT CONDITIONS		OUT NOT RELATED TO THE TE	RMINAL DISEASE	DR CONDITION GIVEN IN P	ART 1 (a).			
THE SHAPE OF THE S	CERTIFICATION	19a. DATE O	POPERATION	19b. CONDI	TION FOR WHICH OP	RATION W	AS PERFORMED?				ITOPSY?
N OF INCATE WORTHER WOND THE W		UNDERLYING	AL CAUSE WAS G OR ING CAUSE OF		MONTH DAY YE	AE 21c. HC	OW INJURY OCCURR	ED LENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)	
DIVISION HIS CERTIFICAMEITING. TARDED	MEDICAL	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE [AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION TREET	CITY OR TO	NWK	COUNTY	STATE
AL EXAMINER: 11 HE CERTIFICATE, V HOULD BE FORW AL DIRECTOR: PA TH, WITH THE ST2 ; MARYLAND, 212		22a. I cert death result ACTUAL SAGNATURE		ge of the remains des	cribed obove, held an	Autap:	sy , Inspection, Hamicule .	Undetermined m		o my opinion	12/19
TO MEDICA EXECUTE TH PAGE 4 SHI TO FUNERA AFTER DEAT BALTIMORE,	1	EXAMINER'S TYPE OR PR		-			ADDRESS /	/			
Bb———BATTA	C	rematio		23b. DATE 11-15-197		n Park	ς		imore	COUNTY	state yland
DHMH - 17 (VR A15 ME (5)) 15M 7/76		UNERAL DIRE		cal Home, I	1050 Y nc. Towson	ork Ro	yland 256. DATE	OV1 6 197	9 25b. HE 41	J SIGNATU	hody

-	1.	FOR - STATE REGISTRAR		DEPARTA	AENT OF HEA	OF MARYLA ALTH AND M CATE OF D	MENTAL HYG	IENE/	9 REG. N	2	9	1	14
1)		CEASED NAME FIRST EDRENT) Edna	Gert	rude	Rote			20 DATE	Nov.	28,	197	YEAR	3 1 0 Q M
	3 SE	x Female	4 RACE Whit	e	5 DATE OF	BIRTH PAY	1889	& AGE (IN	90	RTHDAY)	MONTHS	ER I YEAR OAYS	IF UNDER 24 HRS HOURS MIN
:35	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) Maryland	U.S		MARRIED WIDOWED	M DN	AARRIED	9 BALTIM	Worce		TY OF DE	EATH	MD
Outlied	Po	comoke City	Hart Hart	HOSPITAL, NURSIN CHEACHITY, GIVE STREET A Ley Hall	Nursin	other inst ng Home	E		LOCCUPAT ORK FOR MOST USEW1	OF WORKING	LIFE) INC	At H	BUSINESS OR
35	13a M	aryland So	me or other institution ounty omerset	13c CITY OR TOWN	N 1	3d. INSIDE CI	NO 💢	R.F.D	T ADDRESS	oulbo	urne	Cre	ek Rd.
colego Ofes		ATHER'S NAME FIRST Melchor WAS DECEASED EVER IN U.S		Cox			MAIDEN NAM	W.E.	MIDDLE	ESC	Re	LAST ESE	
the medical	(yes, no or unknown) (if yes No	GIVE WAR OR DATES)	214-74-4	731		lm E. R	ote -			3 a	bco	d e
riol, cremotion, or remaval. or ather troumatic event, th		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause last	DUE TO, O DUE TO, O DUE TO, O C C C C C C C C C C C C C	R AS A CONSEQUE Arteric R AS A CONSEQUE	NCE OF OSCIES	rotic	Cardi Dis	ovas sease					
ows any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICA		ONTRIBUTING TO D				200 AU		20b. IF Y	ES, WER	E FINDIN	GS USED OF DEATH?
ked or Item 18 sh	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE WHILE AT WORK AT WORK	P DEATH HOUR A. INER) P. 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	Y YEAR 19	21c. HOW IN.	JURY OCCURR	ED (ENTER)	CITY OR TO			PART 2)	STATE
te Dept. of Heolth I: If Item 21 is mor		220.1 certify that 1) (this h saw th eccessed almost of the construction of the constr	d natiview the body	e deceosed from 27 after death.		GREE	(our) apinion of	MEDICA	L STA	FF		2r DATES	
MPORTANT: 1		22d. PHYSICIAN'S NAME (TO	YPE OR PRINT) antiano,	MD		22e ADDRESS	5 100 E	Eight		reet			

DHMH-16 50M 7/77 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial 12/1/79

23c NAME OF CEMETERY OR CREMATORY

Pocomoke City, Maryland 23d. LOCATION CITY OR TOWN

COUNTY

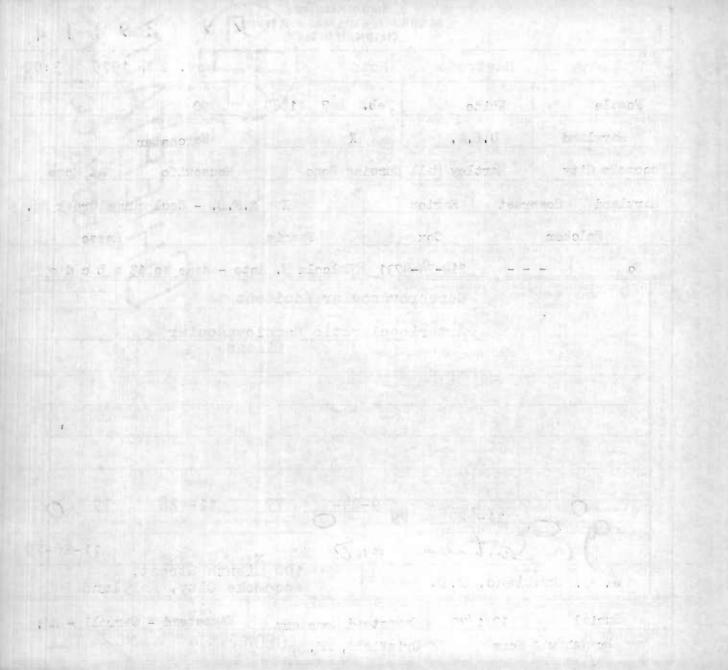
Hampstead - Carroll - Md

25 DAYREC B BY RECISIRAR 256 BC STRAR'S SCHAMURE

The Frey Rectrody

24. FUNERAL DIRECTOR NAME Bradshaw & Sons

ADDRESS Crisfield, Md.



STATE OF MARYLAND

Frank II TOTATION TO STREET the first of the last of the l

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DATE OF BIRTH

WIDOWED

REG NO MONTH YEAR

20. DATE OF DEATH 25 HOUR IF UNDER I YEAR IF UNDER 24 HRS

6 AGE (IN YEARS LAST BIRTHDAY)

HOURS BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

12b KIND OF BUSINESS OR INDUSTRY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

13e STREET ADDRESS

MIDDLE

ADDRESS

Gibbons

CONSEQUENCE O DUE TO, OR AS A CONSEQUENCE OF

SOCIAL SECURITY NO

101, (b) odd (

134. INSIDE CITY LIMITS?

17. INFORMANT

IS MOTHER'S MAIDEN NAME

YES [

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160

ACCIDENT WAS UNDERLYING	216. TIME OF INJU

AZE

ISTATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gave rise to immediate couse (a), stating

underlying couse

190 DATE OF OPERATION

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRING

(IF EITHER NOTHY MEDICAL EXAMINER)

4 RACE

MIDDLE

I (IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

18 CAUSE OF DEATH (Enter only one cause per line for

last.

MIDDLE

(IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

WHAT COUNTRY?

HOUR A.M. MONTH

DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DEGREE

231 NAME OF CEMETERY CHAPPER

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

23b. DATE

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

P.M

19

21f LOCATION STREET

CITY OR TOWN

NOX

, and that in (my) (our) apinian death occurred on the date and hour and from the causes stated

COUNTY

22c DATE SIGNED

STATE

NO []

AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased all an an above. (I) (we)

21d INJURY OCCURRED

FOR

REGISTRAR

I DECEASED NAME

- STATE

(TYPE OF PRINT)

7a. BIRTHPLACE

USUAL RESIDENCE

14 FATHER'S NAME

(YES, NO OR HINKNOWN)

3. SEX

ATTENDING 22e ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION ORTOWN

24 FUNERAL DIRECTOR DHMH-16 60M 1/73

CERTIFICATION

MEDICAL

WHILE

22b. SIGNAT

230 BURIAL, CREMATION, REMOVAL

250. DATE REC'D.

BY REGISTRAR 25b. REGISTRARYS SIGNATURE

(VR A 15 (4))

